

CHAPTER-1

INTRODUCTION

1.1 THE PROBLEM OF THE STUDY

Health is regarded as a fundamental human right and a world –wide social goal and is given much priority. In 1977, the 30th World Health Assembly decided that the main social target of governments and WHO in the coming decades should be “the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.” (WHO, 1979:2). Thus health has become a major instrument of overall socio- economic development.

Health is the result of living in accordance with natural laws pertaining to the body, mind and environment. A society is regarded as developed when its members are healthy- both physically and mentally. Health usually refers to the state when our body is functioning quite well and no external aid (medication) is needed to keep it going.

It is difficult to define the term ‘Health’ as it can have different meaning to different people. The widely accepted definition of health is given by the World Health Organisation in the preamble to its constitution, which reads, “Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity.” (Park, 2002:12-13)

The above WHO’s (1957) definition of health doesnot lend itself to direct measurement. In the broad sense, health can be seen as “A condition or quality of the human organism

expressing the adequate functioning of the organism in a given condition, genetic or environmental.”

A healthy environment tends to lead to healthier people, although we would hasten to add that none of us are medical professionals, Also many health problems can't be attributed directly or indirectly to the environment.

Human health is influenced by many factors like nutritional, biological, chemical or psychological. It is quite true that environment has a direct impact on those living in it and many diseases are the outcome of man's maladjustment to his environment.

The factors, which affect human health and cause disease, can be divided into two categories- (i) Internal factors, (2) External factors.

The factors such as malfunctioning of the body parts, hormonal imbalances, malfunctioning of immune system and genetic disorders, which exist within human body, are called internal factors. The disease caused by internal factors is called organic disease or metabolic disease.

The factors such as malnutrition disease causing microorganisms, environmental pollutants use of tobacco, alcohol and narcotics, which exist outside the human body, are called external factor. The diseases caused by internal factors can be cured by proper medical treatment like heart attack, kidney failure, cataract, diabetes etc.

Some examples of disease caused by external factors are goiter, malaria, cholera, tetanus etc. the diseases caused by external factors can be cured by providing wholesome food, by providing clean environment, by social remedies which encourage good habits.

Health indicators are often used to measure the health status of a community. It is also required for comparing the health status of different communities; for assessment of health care needs; for allocation of scarce resources; and for monitoring and evaluation of health services, activities and programmes. Indicators of health are only an indication of a given situation or reflection of that situation.

Park (2002) viewed that often health is measured in terms of illness (or lack of health), the consequences of ill health (for example morbidity, disability) and economic, occupational and domestic factors that promote ill health- all the antitheses of health. As health is multidimensional, and each dimension is influenced by numerous factors, health cannot be measured in terms of a single indicator but can be measured by employing many indicators.

Health is thus a holistic process related to the overall growth and development of social, cultural, economic, educational, political and environmental factors. Health also depends on many supportive services, such as water supply, sanitation, nutrition, housing, education, income and its distribution, employment, communication and transport, public health, medical services, and human resources. Health policies are directly and indirectly, influenced by the policies concerned with these areas. For instance development policies to eliminate poverty and inequality are indirectly linked to the health policy, Population Policy, Education Policy and other Social Development Policies. (Tribhuwan, 2004).

The health of a population is a distinct key issue in public policy discourse in every mature society. Health includes its cultural understanding of ill health and well-being, extent of socio-economic disparities, reach of health services and quality and costs of care and current bio-medical understanding about health and illness. The relationship between socio-environmental conditions and factors that influence health has been a major interest of humankind. Throughout history people have generally tended to view health problems from the perspective of their own societies and cultures. The health in general and health practices of a community in specific are deeply linked with its ecological, social systems. These have a profound influence on the nature of community health system. Since each of these aspects has deep influence on health; and health in turn, also influences all these aspects; it is not possible to study health without studying their influence on the health system of a population.

It is only in the recent years that the social perspective of medical science has been started to be appreciated. Ahluwalia (1974:401) states in this regard, "It is only in the recent past fifty years or so that serious attempts have been made to study systematically the relation between the sub - culture of medicine and the wider society of which it is a part. There is

now a greater appreciation of the fact that every aspect of the sub-system of medicine is open to influence from the wider social system, irrespective whether it is the organization of personnel involved in this system, or the environment of medical setting in which these persons operate, or the system of tools, techniques and ideology that they employ.”

Parsons (1951) was one of the first sociologists to have viewed health as a part of the social system. Oscar Lewis (1958) too advocated the advantages in learning about the indigenous beliefs and practices of the community holistically since it provides an insight into their world view linked to agriculture, politics and interpersonal relations. Health is closely related with other aspects of life and it cannot be studied in isolation.

Social factors play a critically important role in determining the health of a population. It also influences the manner in which societies organize their resources to cope with health hazards and deliver medical care to the population at large. Individuals and societies tend to respond to health problems in a manner consistent with their culture, norms and values.

Health is therefore not simply a matter of biology, but involves a number of factors that are social, cultural, political and economic in nature. (Cockerham, 1995) Thus, the health problems of community, the cultural meaning of these health problems, and the way in which the community deals with it- often called the Health culture of the community.

Health and socioeconomic developments are closely intertwined that it is impossible to achieve one without the other. Health is a priority goal in its own right as well as central input into economic development and poverty reduction. The Indian Government has, embraced the objective of promoting the health of the poor and the disadvantaged in its policy statements and actions, one being its signing of the Alma Ata Declaration of 1978, emphasizing ‘Health for All’. The National Health Policy (NHP) in India was not framed until 1983, India initiated several national health Programmes over last five decades in government, voluntary and private sectors under the guidance and direction of various committees. The period after 1983 witnessed several major development in the policies impacting the health sector adoption of National Health Policy in 1983. The condition of expenditure on health service in India is no less dismal. India is estimated to be spending around 5 percent of Gross Domestic Product (GDP) on health. India bears the major

responsibility for health care as in the constitutional division of responsibilities across the Union Government and the States.

1.2 RELEVANCE OF THE STUDY

Study of health of tribes is very relevant and important as it helps in acquiring knowledge of the health care practices of this section of population and also for policy and planning implication. This type of study helps in finding out the loop holes in the policies and programmes for tribal health care and can suggest measures for rectifying these drawbacks. There are not many studies available to deal with this problem and thus it will be very fruitful for the planners and policy makers to assess the existing situation among the tribal communities. According to Chaudhuri (1990:3), “..... data on tribal health, concept of disease and nature of treatment are rather scanty and specific study on this topic with reference to the tribal covering the different facets is practically non-existent.”

A special attention need to give for such specific studies dealing with tribal health, disease, medicine and treatment due to some reasons. Firstly, most of the tribes live in backward and isolated or remote place where modern health facilities are not available or non functionable. Secondly, several sets of data pointed that in some tribal communities, the mortality and morbidity rates are rather high in comparison to the corresponding rates of the general population of the country. Studies in this aspect can provide answers whether the prevailing health care practices followed in those societies are responsible for such a situation. Hence it is important to study the socio- environmental and the related aspects of tribal health.

From time to time to improve the health scenario of the tribals the Government is implementing a number of programmes. However, it is found that such programmes are often not successful in delivering the desired results. The reasons identified in different studies show that very often the tribals do not utilize the medical, preventive and family planning facilities available to them. The solution to this problem can be studied only through a systematic analysis of the tribal concepts of etiology, treatment of diseases and the role of a physician and curing procedure. Unless and until the reasons of failure are brought to light, the very health care programmes for the tribal cannot be successful.

The failure of health programmes can also be attributed to the fact that, as a large number of tribal communities are of varied socio-cultural traditions, economy and level of acculturation, their concepts of disease and methods of treatment are likely to be different. The results obtained through systematic study of the health care concepts of different tribal communities will be helpful for the planners and policy makers to formulate suitable plans for each community. Hasan (1967) has opined that success in public health programmes often depends upon modifications in human behaviour. Hasan, (1967:2) further explained, “The process of planning, organization and operating the medical and health programmes, therefore, demands that the persons entrusted with such tasks should have knowledge of the general concepts of culture and social organization and a through understanding of various social institutions of the community in which the programme is to be carried out”

The study of the health and medical systems of tribal societies needs urgent attention, as the influence of various factors and changes in this section of the population. Most of the tribal societies are no longer enjoying complete isolation from other human groups and rapid social changes can be noticed due to the contact with the people of other cultures. Man-made changes like deforestation affected their habitat and resulted in the non-availability of games, tubers, honey, medicinal herbs, fruits etc. The various welfare measures of the government to raise the standard of life of the tribal have tried to increase the pace of these changes. Now, most of tribes are following the life-style of the nontribal societies and their traditional norms, values, social institutions, and subsistence pattern have undergone vital changes. So steps must be taken to study their health aspects and to record all the efficacious medicines used by them, before they are lost.

In the state of Arunachal Pradesh, tribals constitute about 63.65% of the total population. The social customs, traditions, beliefs and religious practices of these tribes, despite the present-day onslaught, have been preserved, though not in its earlier forms, due to the long spell of isolation from the mainstream. The social scientists have studied the social, cultural and political aspects of the tribes in Arunachal Pradesh but their health related aspects have not been adequately focused. Although National Family Health Survey (NFHS) and other state agencies have collected some health related data, study from socio-environmental aspect has not been undertaken. Hence, the present study tried to focus these aspects.

Even today, after more than half a century of Independence, the modern medicinal system, adopted during colonial times, offers coverage to merely a fraction of the population. The vast majority of people including the tribals are still being treated through traditional medicine and health practices. So it is necessary to study and understand the health practices of the tribal. As health is not simply a commodity to be delivered by doctors in health care institutions, it is necessary to study the wide ranges of areas- the social and cultural dimensions of health and illness, the social psychology of health and illness, medical personnel and their behavior, the organization and policies of health care services.

Health personnel often fail to understand the cultural meaning of the health practices. Attempt should be made to understand the health behavior of the people. An indepth study of their health culture from ethnic point of view will help in understanding the reason of acceptance and non-acceptance of modern health services. Such kind of study can focus on the role of culture in maintaining health and treatment of diseases.

1.3 AREA OF THE STUDY

Arunachal Pradesh, the largest state of northeast India, in terms of area, is located in the extreme Northeastern corner of the country lies between 26 28' N to 29 31' N latitude and between 91 31'E to 97 30'E longitude. It covers an area of 83,743 Km and shares its border with Tibet and China on north; Bhutan on West; Tibet and Mymmar in the East; with the state of Nagaland and Assam in the South East and South. .The state of Arunachal Pradesh consists of 25 districts.

The present study has been conducted in five villages namely Sangti, Khassow, Senge of West Kameng district ; Seru and Kitpi II of Tawang districts of Arunachal Pradesh .

1.4 OBJECTIVES OF THE STUDY

The following are the Objectives of the study-

- To explore the structure of belief system of Monpas in relation to health and disease.
- To look at the status of health care system.

- The health status of the people depends to a large extent on the health care facilities they have access to. The study focuses on the accessibility to the health care system.
- The study attempted to understand the constraints in the accessibility to health care
- An attempt has been also be made to study the people's attitude towards traditional health practices as well as modern health practices and degree of acceptance of both the medical systems. Further, attempts have been be made to explore the factors responsible for acceptance of these medical practices.

I.5 LIMITATION OF THE STUDY

The study was carried out in five villages- Sangti, Khassow, Senge, Seru and Kitpi II of two districts of Arunachal Pradesh. These five villages are clustered with homogeneous Monpa population. It is to mention that the Monpas Population are distributed in both are districts. As this study has been conducted only in these five villages, data and analysis are concerned only on these five villages.

I.6 SUMMARY OF THE CHAPTERS

The entire mass of data after being systematized and organized has conveniently been presented in six different chapters.

The First Chapter is an introductory one. In this chapter an attempt has been made to introduce the problem in its proper perspective and explain the major issues of health, relevance of the study, objectives of the study, Area of study, Limitation of the study .

The Second Chapter- Methodology

The third Chapter – Review of Literature

The fourth Chapter on The ethnographic and demographic profile of the Monpas deals with a brief introduction of the Monpas of Arunachal Pradesh. This chapter tries to look at the background of the study area and the demographic profile of the sampled villages.

The Fifth Chapter on Perception of Health, Disease and Treatment deals with the view of the people regarding health, disease and etiology as well as preventive , curative and promotive measures of different types of illnesses

The sixth Chapter on Access to Health Care Services provides information about accessibility and availability of the health services in the sample villages.

The Seventh chapter is Conclusion and suggestions. In this concluding chapter an attempt has been made to summarise the entire exercise along with some relevant concluding remarks.